ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY
Pesticide Contamination Prevention Program
Data Summary Form

DO NOT REGISTER ANY AGRICULTURAL USE PRODUCT PRIOR TO COMPLETION AND APPROVAL OF THE ACTIVE INGREDIENT DATA SUBMISSION
For further guidance, visit azdeq.gov/pesticide-product-resources

The Data Call-In review/approval for new pesticide active ingredients under A.R.S. §49-302(F) and A.A.C. R18-6-102 of the Pesticide Contamination Prevention Program is subject to the requirements of the licensing time frame statute under A.R.S. §§ 41-1072 through 41-1079 and the licensing time frame rule A.A.C. R18-1-501 through R18-1-525. Administrative Completeness Review Time Frame is 62 days. Substantive Review Time Frame is 124 days.

Company Name: _____ Date: _____
Company Address: _____ _____ _____ _____
Street City State Zip code

Section I of this form must be completed for each product your company intends to register in Arizona for agricultural use. Sections II – III must be completed for each active ingredient in each product. If more than one product is registered that contains a particular active ingredient, then Sections II – III may be completed once and attached to each Data Summary Form (Section I) prepared for the products containing that active ingredient.

SECTION I - PRODUCT INFORMATION

1. Product Brand Name: _____

2. EPA Registration No: _____

3. Active Ingredient(s) in Product: _____
_____
_____ _____
Common Chemical Name(s) PC Code(s)

4. Formulation category (e.g., wettable powder, granular, emulsifiable concentrate, etc.)
_____

5. Type of pesticide (please select a box): ☐ insecticide, ☐ fungicide, ☐ herbicide, ☐ plant growth regulator ☐ fumigant, ☐ other (please describe)
_____

6. Intended use(s) (check all applicable categories):

TERRESTRIAL (Ag use only)	AQUATIC	OTHER
☐ Food crop uses (e.g. field crop, orchard, vegetables) ☐ Agricultural turf (sod, seed, or turf farms) ☐ Commercial greenhouses, nurseries, ornamental production ☐ Forestry, incl. tree farms ☐ Range and pasture uses ☐ Grazed rights-of-way, roadsides, shelter belts, and related uses ☐ Other (please explain)	☐ Aquatic impact uses resulting in direct discharges ☐ Aquatic food crop uses ☐ Aquatic non-crop uses (products intended for application to irrigation ditch banks and shorelines) ☐ Aquatic non-crop uses (incl. antifouling paints and/or other outdoor protective uses) ☐ Other (please explain)	☐ Animal dips ☐ Soil Fumigants ☐ Ground applied liquids ☐ Ground applied baits or seed protectants ☐ Combined product ☐ Product recommended for tank mix ☐ Other (Please explain)

7. Method of applications (check all that apply): ☐aerial, ☐ground, ☐orchard air blast, ☐soil injection, ☐other (please describe) _____

Revision date: 6/1/21

SECTION II – MOBILITY AND PERSISTENCE RESULTS

A. ACTIVE INGREDIENT DATA

- If the units in which values are reported differ from those printed on this form, then write in the units as they appear in submitted report. EPA guidelines make it optional to perform certain tests at either 20ºC or 25ºC. In the interest of consistency ADEQ would prefer that solubility, density, bulk density or specific gravity, be determined at 25ºC. Henry's Law and the octanol-water partition coefficient (Kow) must be at 25ºC.
- The letter/number in parentheses after a study type refers to Subdivision/Section in EPA's Pesticide Assessment Guidelines. Study ID may be EPA MRID or company's own study # for reference purposes.
- Provide CAS number where available for degradation products >10% of applied dose.

B. Specify active ingredient for which the following data is being submitted.

a. Technical Name: _____

_____

b. Common Chemical Name: _____ _____

CAS No.

2. Molecular Weight (D-61-1) _____ Study ID: _____

3. Density/Bulk Density (solid) _____g/cm3 Study ID: _____
Specific Gravity (liquid) @ 25ºC (D-63-7)2 _____g/ml Study ID: _____

4. Solubility (D-63-8) (Specify solvent used in 4b-d) Study ID: _____
a. Distilled Water _____ g/l00 ml @ _____ ºC
b. Polar Solvent - _____ _____ g/l00 ml @ _____ ºC
c. Non-Polar Solvent - _____ _____ g/l00 ml @ _____ ºC
d. Other Solvent - _____ _____ g/l00 ml @ _____ ºC

5. Vapor Pressure (D-63-9) _____ mm Hg @ 25ºC Study ID: _____

6. Octanol-Water Partition Coefficient (Kow) (D-63-1) _____ @ 25ºC Study ID: _____

7. Henry's Law Constant _____ atm m^3g-mol^{-1} @ 25ºC Study ID: _____
(Liquid-vapor partition)

8. Photolysis	Half life (days)	Rate Constant	Reaction Order	Study ID
a. Water (N-161-2) @ 25 ± 1ºC	_____	_____	_____	_____
b. Air (N-161-4) @ 30 ± 1ºC	_____	_____	_____	_____
c. Soil (N-161-3)	_____	_____	_____	_____

Soil characteristics: (1) _____ % organic matter; (2) _____ % sand; (3) _____ % clay; (4) _____ % silt;
(5) _____ % moisture; (6) bulk density _____ g/cm3 ; (7) _____ pH

d. Photo product(s) identified in >10% yield: _____

_____

9. Hydrolysis (N-161-1) Study ID: _____

	Half-life $t_{1/2}$ (days)	Rate Constant	Reaction Order
pH 5 @ 25ºC	_____	_____	_____
pH 7 @ 25ºC	_____	_____	_____
pH 9 @ 25ºC	_____	_____	_____

Hydrolysis product(s) identified in >10% yield: _____

_____

SECTION II (Continued)

10. Metabolism

a. Soil-aerobic (N-162-1) Study ID: _____

1. Number of studies being submitted: _____
2. List residues of the A.I. and its metabolites occurring in concentrations > 10% (dry weight):

_____

3. Half-life ($t_{½}$) (reported in days): _____
4. Soil characteristics: (1) _____ % organic matter; (2) _____ % sand; (3) _____ % clay; (4) _____ % silt; (5) _____ % moisture; (6) bulk density - _____ g/cm^3; (7) _____ pH

b. Soil-anaerobic (N-162-2) Study ID: _____

1. Number of studies being submitted: _____
2. List residues of the A.I and its metabolites occurring in concentrations >10% (dry weight):

_____

_____

3. Half-life ($t_{½}$) (reported in days): _____

11. Soil Adsorption Coefficient (soil/water relationship) Kd (N-163-1) Study ID: _____

Fill in the Kd value for the parent compound and major metabolites and the soil characteristic(s) values for each soil in which the Kd was determined.

Koc*	Kd*	Molecule (CAS #), if available	Method Used	Soil Characteristics							
				% Organic Matter	% Sand	% Clay	% Silt	% Moisture	Bulk density (g/cm^3)	Soil pH	Cation exchange Capacity
	* Indicate if the reported Koc or Kd is for parent compound or metabolite >10% of applied dose (specify which metabolite).										

B. FIELD DISSPIATION RESULTS - For each study performed provide the following information:

TYPE OF FIELD DISSIPATION STUDY (terrestrial, aquatic, etc.) / LOCATION OF STUDY (City/State)	Date of Report (Study ID)	Soil Characteristics						
		% OM	% Sand	% Clay	% Silt	Soil pH	Half-life (days) of test substance in various media	
							t½	Medium
Molecule+(CAS #) -								
Molecule+ (CAS #) -								
+ Indicate if reported half-life is for parent compound or metabolite >10% of applied dose (specify which metabolite).								
COMMENTS:								

SECTION III – DATA SUMMARY (A.A.C. R18-6-103)

1. Summary of Physio-Chemical properties compared to ADEQ Specific Numeric Values (SNVs)

Parameters	ADEQ SNVs	Observed Values	Comments
Mobility Factors			
Water Solubility (pH=7)	>30 ppm		
Soil Adsorption Coefficient	< 5		
Persistence Factors			
Hydrolysis half life (pH=7)	>175 days		
Aerobic half life	>21 days		
Anaerobic half life	>21 days		
Field dissipation half life	>21 days		
Additional factors (photolysis, lysimeter studies, etc.)			

2. Environmental Fate Summary:

A. Fate in Soil: _____

_____

_____

B. Fate in Water:_____

_____

_____

3. Comments: _____

_____

_____

_____

_____

☐ **I am an authorized representative of the original data owner.**

☐ **I have permission from the original data owner to cite and or rely on the above data (Please enclose copy of *New Agricultural Use Pesticide Evaluation Form* and the *Letter of Authorization (LOA)*)**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

_____ _____

Name and Title of Authorized Representative | Signature of Authorized Representative

_____ _____

E-mail address | Phone Number

To help expedite processing, attach the completed form, the New Agricultural-Use Pesticide Form, and any other supporting documents in an email to AIREG@azdeq.gov.

If you do not have email access, you may print and mail to: Arizona Department of Environmental Quality, Groundwater Section, Pesticide Program Coordinator, 1110 W. Washington St., Phoenix, Arizona 85007